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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

NO <sub>OD</sub>

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NO <sub>OD</sub>

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Octana Davis</i> <sub>OD</sub> Examiner's Signature Initials			

## ADDRESS

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## TITLE

Ambient pressure compensated tactile sensor

FILING FEE  RECEIVED 1122	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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